

**Indiana Emergency Medical Services Commission  
First Responder Practical Examination Report Form**

**Please Print Clearly!**

Course Number: \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name MI Driver's License or State I.D. #

Address \_\_\_\_\_  
Street City State Zip Code

e-mail \_\_\_\_\_

Training Institution \_\_\_\_\_

Exam Site \_\_\_\_\_ Date \_\_\_\_\_

Attempt: \_\_\_\_\_ Attempt: \_\_\_\_\_

Station # 1	Patient Assessment / Management – ( <input type="checkbox"/> Trauma <input type="checkbox"/> Medical)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Station # 2	Cardiac Arrest Management / AED	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Station # 3	Patient Handling ( <input type="checkbox"/> Bleeding Control <input type="checkbox"/> Long Bone)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Station # 4	Airway Management ( <input type="checkbox"/> O2/Adjuncts <input type="checkbox"/> MTM <input type="checkbox"/> BVM)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Candidates failing two (2) or less stations are eligible for a retest of the skills failed. Failing a same day retest will require the candidate to retest only those skills failed on a different day with a different examiner. Failure of the retest attempt on a different day and with a different examiner constitutes a complete failure of the practical examination. A candidate is allowed to test a single skill a maximum of three (3) times before he/she must retest the entire practical examination. Failing three (3) or more stations, constitutes a complete failure of the practical examination attempt. A complete failure of the practical examination attempt will require the candidate to document remedial training over all skills before reattempting all stations of the practical examination. Candidates are allowed a maximum of two (2) complete examination attempts. Failure to pass all stations by the end of two (2) full examination attempts, constitutes a complete failure of the skills testing process. You must complete a new Indiana First Responder training program to be eligible for future testing for certification

**NOTE:** You have one (1) year to successfully complete all phases of the Indiana practical certification examination process from your First Responder Course completion date. If incomplete or unsuccessful, you must complete a new Indiana First Responder training program to be eligible for future testing for certification. Official test results may take up to six (6) weeks.

**By my signature below, I acknowledge that I have read, understand, and agree to the Indiana First Responder Pass/Fail testing criteria listed above.**

**First Responder Candidate:** \_\_\_\_\_  
(Legal Signature)

Representative Comments:

Representative Signature: \_\_\_\_\_

05/2008

# Indiana First Responder Practical Skills Examination

## Patient Assessment/Management - Trauma

Station 1-A

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_

Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

Scenario Number \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

		Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions		1	
<b>SCENE SIZE-UP</b>			
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Considers stabilization of spine		1	
<b>INITIAL ASSESSMENT</b>			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life threats		1	
Assesses airway and breathing	Assessment	1	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
	Injury management	1	
Assesses circulation	Assesses AND controls major bleeding	1	
	Assesses pulse	1	
	Assesses skin (color, temperature and condition)	1	
<b>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT</b>			
Selects appropriate assessment ( <i>focused or rapid assessment</i> )		1	
Obtains, or directs assistance to obtain, baseline vital signs		1	
Obtains S.A.M.P.L.E. history		1	
<b>DETAILED PHYSICAL EXAMINATION</b>			
Assesses the head	Inspects and palpates the scalp and ears	1	
	Assesses the eyes	1	
	Assesses the facial areas including oral and nasal areas	1	
Assesses the neck	Inspects and palpates the neck	1	
	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assesses the chest	Inspects	1	
	Palpates	1	
	Auscultates	1	
Assesses the abdomen/pelvis	Assesses the abdomen	1	
	Assesses the pelvis	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assesses the extremities	1 point for each extremity includes inspection, palpation, and assessment of motor, sensory and circulatory function	4	
Assesses the posterior	Assesses thorax	1	
	Assesses lumbar	1	
Manages secondary injuries and wounds appropriately		1	
<b>1 point for appropriate management of the secondary injury/wound</b>			
Verbalizes re-assessment of the vital signs		1	

### Critical Criteria

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not determine scene safety
- \_\_\_\_\_ Did not initially consider and / or provide stabilization of spine
- \_\_\_\_\_ Did not provide high flow oxygen with appropriate mask
- \_\_\_\_\_ Did not find, or manage problems associated with airway, breathing, circulation (shock / hypoperfusion)
- \_\_\_\_\_ Did not focused history/physical examination before assessing the airway, breathing and circulation
- \_\_\_\_\_ Administered a dangerous or inappropriate intervention

**Total:**

**38**

**You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.**

# Indiana First Responder Practical Skills Examination

## Patient Assessment/Management - Medical

Station 1-B

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_

Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

Scenario Number \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

		Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions		1	
<b>SCENE SIZE-UP</b>			
Determines the scene is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines the number of patients		1	
Considers stabilization of spine		1	
<b>INITIAL ASSESSMENT</b>			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life threats		1	
Assesses airway and breathing	Assessment	1	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
Assesses circulation	Assesses AND controls major bleeding	1	
	Assesses pulse	1	
	Assesses skin (color, temperature and condition)	1	
<b>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT</b>			
Signs and symptoms <i>(Assess history of present illness)</i>		1	
<input type="checkbox"/> <b>Respiratory</b>	<input type="checkbox"/> <b>Cardiac</b>	<input type="checkbox"/> <b>Altered Mental Status</b>	<input type="checkbox"/> <b>Environmental Emergency</b>
*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Description of the episode. *Onset? *Duration? *Associated Symptoms? *Evidence of Trauma? *Interventions? *Seizures? *Fever	*Source? *Environment? *Duration? *Loss of consciousness? *Effects - general or local?
		<input type="checkbox"/> <b>Obstetrics</b>	
		*Are you pregnant? *How long have you been pregnant? *Pain or contractions? *Bleeding or discharge? *Do you feel the need to push? *Last menstrual period?	
Allergies		1	
Medications		1	
Past pertinent history		1	
Last oral intake		1	
Event leading to present illness (rule out trauma)		1	
Performs focused physical examination <i>(assesses affected body part/system or, if indicated, completes rapid assessment)</i>		1	
Vitals <i>(obtains baseline vital signs)</i>		1	
<b>ONGOING ASSESSMENT (verbalized)</b>			
Repeats initial assessment		1	
Repeats vital signs		1	
Repeats focused assessment regarding patient complaint or injuries		1	
<b>Total:</b>		<b>25</b>	

### Critical Criteria

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not determine scene safety
- \_\_\_\_\_ Did not provide high flow oxygen with appropriate mask
- \_\_\_\_\_ Did not find or manage problems associated with airway, breathing, circulation (shock / hypoperfusion)
- \_\_\_\_\_ Did focused history/physical examination before assessing the airway, breathing and circulation
- \_\_\_\_\_ Did not ask any questions about the present illness
- \_\_\_\_\_ Administered a dangerous or inappropriate intervention

**You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.**

**Indiana First Responder Practical Skills Examination**  
**Cardiac Arrest Management/AED**

**Station 2**

**Start Time:** \_\_\_\_\_ **Stop Time:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Candidate's Name:** \_\_\_\_\_

**Evaluator's Name:** \_\_\_\_\_

	Points Possible	Points Awarded
Demonstrates / Verbalizes initial or continued consideration of BSI precautions	1	
Briefly questions the rescuer about arrest events	1	
Directs rescuer to stop CPR	1	
Verifies absences of spontaneous pulse ( <b>skill station examiner states “no pulse”</b> )	1	
Directs resumption of CPR	1	
Turns on defibrillator power	1	
Attaches automated defibrillator to the patient	1	
Directs rescuer to stop CPR and ensures all individuals are clear of the patient	1	
Initiates analysis of the rhythm	1	
Delivers shock	1	
Immediately directs resumption of CPR	1	
Verbalizes or directs insertion of a simple airway adjunct (oral / nasal airway)	1	
Ventilates or directs ventilation of the patient	1	
Assures high flow / concentration of oxygen is delivered to the patient	1	
Assures CPR continues without unnecessary / prolonged interruption	1	
Gathers additional information about arrest event	1	
Confirms effectiveness of CPR (ventilation and compressions)	1	
Re-evaluates patient / CPR	1	
Repeats defibrillator sequence	1	
Verbalizes transfer of care to appropriate personnel	1	
<b>Total:</b>	<b>20</b>	

**Critical Criteria**

- \_\_\_\_\_ Did not provide high flow / concentration of oxygen
- \_\_\_\_\_ Did not confirm patient to be PULSELESS and APNEIC
- \_\_\_\_\_ Did not direct initiation / resumption of ventilation / compressions at appropriate times
- \_\_\_\_\_ Did not assure all individuals were clear of patient before delivering each shock
- \_\_\_\_\_ Did not operate the AED properly (inability to deliver shock). MUST NOT turn off AED
- \_\_\_\_\_ Did not correctly place pads on patient

**You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.**

**Indiana First Responder Practical Skills Examination**  
**BLEEDING CONTROL/SHOCK MANAGEMENT**

Station 3-A

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued BSI precautions	1	
Applies direct pressure to the wound	1	
Elevates the extremity	1	
<i>Note: The examiner must now inform the candidate that the wound continues to bleed.</i>		
Applies an additional dressing to the wound	1	
<i>Note: The examiner must now inform the candidate that the wound still continues to bleed. The second dressing does not control the bleeding.</i>		
Locates and applies pressure to appropriate arterial pressure point	1	
<i>Note: The examiner must now inform the candidate that the bleeding is controlled</i>		
Bandages the wound	1	
<i>Note: The examiner must now inform the candidate the patient is now showing signs and symptoms indicative of hypoperfusion</i>		
Properly positions the patient	1	
Applies high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
<b>Total:</b>	<b>9</b>	

**Critical Criteria**

\_\_\_\_\_ Did not apply high flow oxygen with appropriate mask

\_\_\_\_\_ Applied a tourniquet before attempting other methods of bleeding control

\_\_\_\_\_ Did not control hemorrhage in a timely manner

**You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.**

**Indiana First Responder Practical Skills Examination**  
**IMMOBILIZATION SKILLS**  
**(LONG BONE INJURY)**

Station 3-B

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued BSI precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses motor, sensory and circulatory function in the injured extremity	1	
<i>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</i>		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses motor, sensory and circulatory function in the injured extremity	1	
<i>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</i>		
<b>Total:</b>	<b>10</b>	

**Critical Criteria**

\_\_\_\_\_ Grossly moves the injured extremity

\_\_\_\_\_ Did not immobilize the joint above and the joint below the injury site

\_\_\_\_\_ Did not reassess motor, sensory and circulatory function in the injured extremity before and after splinting

**You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.**

**Indiana First Responder Practical Skills Examination**  
**AIRWAY, OXYGEN AND VENTILATION SKILLS**  
**UPPER AIRWAY ADJUNCTS AND SUCTION**

Station 4-A

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_

Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

**OROPHARYNGEAL AIRWAY**

	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued BSI precautions	1	
Selects appropriately sized airway	1	
Measures airway	1	
Inserts airway without pushing the tongue posteriorly	1	
<i>Note: The examiner must advise the candidate that the patient is gagging and becoming conscious</i>		
Removes the oropharyngeal airway	1	

**SUCTION**

<i>Note: The examiner must advise the candidate to suction the patient's airway</i>		
Turns on / prepares suction device	1	
Assures presence of mechanical suction	1	
Inserts the suction tip without suction	1	
Applies suction to the oropharynx / nasopharynx	1	

**NASOPHARYNGEAL AIRWAY**

<i>Note: The examiner must advise the candidate to insert a nasopharyngeal airway</i>		
Selects appropriately sized airway	1	
Measures airway	1	
Verbalizes lubrication of the nasal airway	1	
Fully inserts the airway with the bevel facing toward the septum	1	
<b>Total:</b>	<b>13</b>	

**Critical Criteria**

\_\_\_\_\_ Did not demonstrate an acceptable suction technique

\_\_\_\_\_ Inserted any adjunct in a manner dangerous to the patient

**You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.**

**Indiana First Responder Practical Skills Examination**  
**MOUTH TO MASK WITH SUPPLEMENTAL OXYGEN**

Station 4-B

**Start Time:** \_\_\_\_\_

**Stop Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Candidate's Name:** \_\_\_\_\_

**Evaluator's Name:** \_\_\_\_\_

	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued BSI precautions	1	
Connects one-way valve to mask	1	
Opens patient's airway or confirms patient's airway is open (manually or with adjunct)	1	
Establishes and maintains a proper mask to face seal	1	
Ventilates the patient with visible chest rise and fall (observes rate of 10-20 breaths per minute )	1	
Connects the mask to high concentration of oxygen	1	
Adjusts flow rate to at least 15 liters per minute	1	
Continues ventilation of the patient with visible chest rise and fall (observes rate of 10-20 breath per minute)	1	
<b>Note: The examiner must witness ventilations for at least 30 seconds</b>		
<b>Total:</b>	<b>8</b>	

**Critical Criteria**

\_\_\_\_\_ Did not correctly connect one-way valve to mask

\_\_\_\_\_ Did not adjust liter flow to at least 15 liters per minute

\_\_\_\_\_ Did not produce visible chest rise and fall with ventilations  
(more than 2 inadequate ventilations per minute)

\_\_\_\_\_ Did not ventilate the patient at a rate a 10-20 breaths per minute

**You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.**



**Indiana First Responder Practical Skills Examination**  
**BAG-VALVE-MASK**  
**(APNEIC PATIENT)**

Station 4-C

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued BSI precautions	1	
Opens the airway	1	
Correctly inserts an airway adjunct	1	
Selects appropriately sized mask	1	
Creates a proper mask-to-face seal	1	
Ventilates the patient with visible chest rise and fall (10-20 per minute) ( <i>The examiner must witness for at least 30 seconds</i> )	1	
Connects reservoir to oxygen	1	
Adjusts liter flow to at least 15 liters per minute	1	
<i>The examiner indicates arrival of a second First Responder. The second First Responder is instructed to ventilate the patient while the candidate controls the mask and the airway.</i>		
Re-opens the airway	1	
Creates a mask-to-face seal	1	
Instructs assistant to resume ventilation with visible chest rise and fall (10- 20 per minute) ( <i>The examiner must witness for at least 30 seconds</i> )	1	
<b>Total:</b>	<b>11</b>	

**Critical Criteria**

\_\_\_\_\_ Did not immediately ventilate the patient

\_\_\_\_\_ Interrupted ventilations for more than 20 seconds

\_\_\_\_\_ Did not provide high flow oxygen

\_\_\_\_\_ Did not provide, or direct assistant to provide ventilations at proper rate with visible chest rise and fall

**You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.**